COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY



APPLICATION FOR RECOGNITION CERTIFICATE

Name of Candidate and full address with Pincode and Phone Number 1. (in BLOCK letters) Degree secured with details Name of Institution, Place, Year, Name 2. of Degree, Rank/Class Regular/Distance Mode 3. Purpose for which the certificate is 4. required [enclose proof] Enclose attested copies of the Degree Certificate Transfer Certificate Mark list Certificate, Marklist and Course 5. Completion or Transfer Certificate [tick mark] University/Board to be recognized, a. Whether State/Central or Private University b. Year of establishment 6. c. Proof of recognition/accreditation of the University by any authority d. Name of the authority Receipt No: Amount: 7. Fee Receipt (enclose in original) Date: Specify whether the certificate shall be posted to the address of the applicant or will be collected by the 8. applicant in person

(Read the instructions carefully before filling the form. All details must be filled in English only.)

Signature of the Applicant with date.